

# REPORT OF CLINICAL PRACTICUM FOR CALIFORNIA LICENSURE AS A

## **SPEECH-LANGUAGE PATHOLOGIST**

INSTRUCTIONS: *Complete reverse side and send to college or university for verification by current training program director before forwarding to board office.*

Supervised Clinical Practicum - The applicant must submit evidence of completion, in conjunction with academic course requirements, in accordance with Section 1399.152.2 of Article 3 of Division 13.4 of Title 16 of the California Code of Regulations.

The requirements are two hundred seventy-five (275) clock hours of clinical experience shall be required for licensure as a speech-language pathologist or audiologist for applicants who completed their graduate program on or before December 31, 1992; and three hundred (300) clock hours of clinical experience in three (3) different clinical settings shall be required for licensure as a speech-language pathologist or audiologist for applicants who completed their graduate program after December 31, 1992.

For either a speech-language pathology or audiology major, twenty-five (25) hours of aural rehabilitation may be supervised by either a speech-language pathologist or audiologist as provided in subsection (d). Another twenty-five (25) hours of the required clinical experience may be in the field other than that for which the applicant is seeking licensure (speech-language pathology for an audiologist or audiology for a speech-language pathologist) if such clinical experience is under a supervisor who is qualified in the minor field as proved in subsection (a). Authority cited: Section 2531.95, Business and Professions Code. Reference: Section 2532.2, Business and Profession Code.

\*NOTE: Clock hours obtained in a California college or university January 1980 or thereafter must be under the supervision of a licensed speech-language pathologist.

Applicant's full name \_\_\_\_\_

Social Security Number \_\_\_\_\_

University or College \_\_\_\_\_

I certify that all practicum information listed on the back of this form was completed according to all ASHA and State of California practicum requirements.

Signature of Current Training Program Director

License Number or ASHA  
Certification Number

Date: \_\_\_\_\_

Signature of Training Program Director

# CLINICAL PRACTICUM

(Speech-Language Pathology)

Applicant's Full Name

## Evaluation: ADULTS

Supervisor's Full Name	Location where experience was obtained	Supervisor's CCC Area	Date of Experience Mo/Yr	Record hours under areas in which they were obtained					
				Articulation Disorders	Language Disorders	Voice Disorders	Fluency Disorders	Related Disorders	Dysphagia

**TOTALS:**

## Evaluation: CHILDREN


**TOTALS:**

## Treatment: ADULTS


**TOTALS:**

## Treatment: CHILDREN


**TOTALS:**

## Audiology (for majors in speech-language pathology)

Supervisor's Full Name	Location where experience was obtained	Supervisor's CCC Area	Date of Experience Mo/Yr	Record hours under areas in which they were obtained			
				Evaluation/Screening		Treatment	
				Screening	Audiologic Evaluation	Amplification (Hearing Aid Selection, Treatment)	Treatment of Communication Handicaps of the Hearing Impaired

**TOTALS:**